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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/564,412
	Filing Date	January 11, 2006
	First Named Inventor	Eva Itzel
	Title	Method for Monitoring ...
	Art Unit	3736
	Examiner Name	Szmal, Brian S.
	Attorney Docket Number	449.1000USN

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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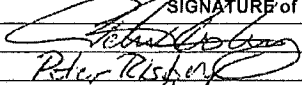
I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature		Date	1/5/4/11
Name	Peter Risheng	Telephone	+86 766 311771
Title and Company (Chairman RMD) of ObsteCare, Inc.			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.☐ *Total of _____ forms are submitted.

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